Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 460

Date Stamp

FILED

JUL 2 9 2009

CITY OF SANTA MARIA
BY: _____ City Clerk

For Official Use Only

Page 1 of 7

Statement covers period

from 01/01/2009

through 06/30/2009

Date of election if applicable:
(Month, Day, Year)

_____

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☑ Officeholder, Candidate Controlled Committee
  ○ State Candidate Election Committee
  ○ Recall
  (Also Complete Part 5)

☐ General Purpose Committee
  ○ Sponsored
  ○ Small Contributor Committee
  ○ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee
  ○ Controlled
  ○ Sponsored
  (Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee
  (Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
  (Also file a Form 410 Termination)
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1307852

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends Of Mike Cordero

STREET ADDRESS (NO P.O. BOX)
1212 S Victory Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	(818) 260-0669

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Kinde Durkee

MAILING ADDRESS
1212 S Victory Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	(818) 260-0669

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/23/2009
Date
By _____ Kinde Durkee
Signature of Treasurer or Assistant Treasurer

Executed on 07/23/2009
Date
By _____ Mike Cordero
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Cordero

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member, City Of Santa Maria, District: n/a

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   CITY   STATE   ZIP

1212 S Victory Blvd   Burbank   CA   91502

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER   CONTROLLED COMMITTEE?
                                 ☐ YES ☐ NO

COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER   CONTROLLED COMMITTEE?
                                 ☐ YES ☐ NO

COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER   JURISDICTION   ☐ SUPPORT
                                          ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD   DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

CALIFORNIA FORM 460

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period	
from	01/01/2009
through	06/30/2009

Page __3__ of __7__

I.D. NUMBER
1307852

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Mike Cordero

Contributions Received

			Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1.	Monetary Contributions	Schedule A, Line 3	$ 500.00	$ 500.00
2.	Loans Received	Schedule B, Line 3	0.00	26200.00
3.	SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 500.00	$ 26700.00
4.	Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5.	TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 500.00	$ 26700.00

Expenditures Made

6.	Payments Made	Schedule E, Line 4	$ 15310.00	$ 15310.00
7.	Loans Made	Schedule H, Line 3	0.00	0.00
8.	SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 15310.00	$ 15310.00
9.	Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-15000.00	0.00
10.	Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11.	TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 310.00	$ 15310.00

Current Cash Statement

12.	Beginning Cash Balance	Previous Summary Page, Line 16	$ 14917.91
13.	Cash Receipts	Column A, Line 3 above	500.00
14.	Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15.	Cash Payments	Column A, Line 8 above	15310.00
16.	**ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 107.91

If this is a termination statement, Line 16 must be zero.

17.	LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0.00

Cash Equivalents and Outstanding Debts

18.	Cash Equivalents	See instructions on reverse	$ 0.00
19.	Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 26200.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

		1/1 through 6/30	7/1 to Date
20.	Contributions Received	$	$
21.	Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
__/__/__	$
__/__/__	$

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Mike Cordero

Statement covers period

from __01/01/2009__

through __06/30/2009__

I.D. NUMBER
1307852

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/29/2009	Greg Carroll 222 E Cook St Santa Maria CA 93454	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Sargeant City of Santa Maria	500.00	500.00	$500.00 G2008
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				

SUBTOTAL $ 500.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
     (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .... $ _____500.00_____

2. Amount received this period – unitemized monetary contributions of less than $100 .... $ _____0_____

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... TOTAL $ _____500.00_____

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded to whole dollars.

CALIFORNIA FORM 460

Statement covers period

from __01/01/2009__

through __06/30/2009__

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Mike Cordero

I.D. NUMBER
1307852

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero 1324 Ruby Court Santa Maria CA 93454 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	**Lieutenant** **Santa Maria Police Department**	$ 21171.18	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 21171.18 DATE DUE	0.00% RATE $ 0.00	$ 3128.89 08/27/2008 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION** $26200.00 G2008 $
Mike Cordero 1324 Ruby Court Santa Maria CA 93454 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	**Lieutenant** **Santa Maria Police Department**	$ 3828.82	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 3828.82 DATE DUE	0.00% RATE $ 0.00	$ 3828.82 09/02/2008 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION** $26200.00 G2008 $
Mike Cordero 1324 Ruby Court Santa Maria CA 93454 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	**Lieutenant** **Santa Maria Police Department**	$ 1200.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 1200.00 DATE DUE	0.00% RATE $ 0.00	$ 1200.00 08/04/2008 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION** $26200.00 G2008 $

SUBTOTALS $ 0.00 | $ 0.00 | $ 0.00 | $ 26200.00 | $ 0.00

(Enter (e) on Schedule E, Line 3)

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B Summary

1. Loans received this period .... $ **0**
(Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .... $ **0**
(Total Column (c) plus loans under $100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. **(Subtract Line 2 from Line 1.)** .... NET $ **0**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

SCHEDULE E

Schedule E
Payments Made

CALIFORNIA
FORM **460**

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Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period

from ___01/01/2009___

through ___06/30/2009___

I.D. NUMBER
1307852

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Mike Cordero

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Durkee & Associates 1212 S Victory Bl Burbank CA 91502	PRO			250.00
Freeman Public Affairs 1405 Marcelina Ave #111 Torrance CA 90501	CNS			12000.00
Freeman Public Affairs 1405 Marcelina Ave #111 Torrance CA 90501	CNS			3000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 15250.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ ____15250.00____

2. Unitemized payments made this period of under $100. .... $ ____60.00____

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .... $ ____0____

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ...... TOTAL $ ____15310.00____

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period	
from	01/01/2009
through	06/30/2009

CALIFORNIA FORM 460

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1307852

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Mike Cordero

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

RAD	radio airtime and production costs	
RFD	returned contributions	
SAL	campaign workers' salaries	
TEL	t.v. or cable airtime and production costs	
TRC	candidate travel, lodging, and meals	
TRS	staff/spouse travel, lodging, and meals	
TSF	transfer between committees of the same candidate/sponsor	
VOT	voter registration	
WEB	information technology costs (internet, e-mail)	

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Freeman Public Affairs 1405 Marcelina Ave #111 Torrance CA 90501	CNS	15000.00	0.00	15000.00	0.00

		(b)	(c)	(d)
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $ 15000.00	$ 0.00	$ 15000.00	$ 0.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
   accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) .... **INCURRED TOTALS** $ _____ 0

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
   accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) .... **PAID TOTALS** $ _____ 15000.00

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and
   on the Summary Page, Column A, Line 9.) .... **NET** $ _____ -15000.00

May be a negative number